

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	REFRACTORY PRODUCT FOR A CHECKER WORK ELEMENT OF A GLASS FURNACE REGENERATOR
Attorney Docket Number::	0525-1030
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: YVES  
Middle Name::  
Family Name:: BOUSSANT-ROUX  
Name Suffix::  
City of Residence:: MONTFAVET  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 1350 CHEMIN DE LA VERDIERE  
Address::  
City of Mailing Address:: MONTFAVET  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 84140

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: MICHEL  
Middle Name::  
Family Name:: GAUBIL  
Name Suffix::  
City of Residence:: AVIGNON  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 5BIS, PLACE DE LA BULLE  
Address::  
City of Mailing Address:: AVIGNON

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 84000

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: OLIVIER  
Middle Name::  
Family Name:: CITTI  
Name Suffix::  
City of Residence:: CAVAILLON  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: C/O SAINT-GOBAIN CENTRE DE RECHERCHES  
ET D'ETUDES EUROPEEN  
550 AVENUE ALPHONSE JAUFFRET  
City of Mailing Address:: CAVAILLON  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 84306

**Correspondence Information**

Correspondence Customer Number:: 00466

**Representative Information**

Representative Customer Number::	00466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/000928	4/15/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03/04819	4/17/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::